11-14-00

A/REI IS

PTO/SB/50 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **REISSUE PATENT APPLICATION TRANSMITTAL**

Address to:	tant Commissioner for Patents	Attorney Docket No. First Named Inventor	3323-P0001C					
Box R	eissue	Original Patent Number Original Patent Issue Date	5,883,035					
Washi	ngton, DC 20231	(Month/Day/Year)	11/10/98					
		Express Mail Label No.	EL570204551US					
APPLICATION FOR REISSUE OF:  (Check applicable box)    X   Utility Patent   Design Patent   Plant Patent   Plan								
APPLICAT	TION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS						
	smittal Form (PTO/ SB/ 56) iginal, and a duplicate for fee processing)	7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).  8. Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55)  9. X Foreign Priority Claim (35 U.S.C. 119) (if applicable)  10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Citations						
2. Applicant of	claims small entity status. See 37 CFR 1.27.							
	on and Claims in double column copy of patent							
<del></del>	nended, if appropriate) ) (proposed amendments, if appropriate)							
	eath/Declaration (original or copy) § 1.175) (PTO/SB/51 or 52)							
0	tent currently assigned?							
. V		(if applicable)						
XYes	No	12. X Preliminary Amendment						
(If Yes, check ap	oplicable box(es))	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
X Written C	onsent of all Assignees (PTO/SB/53)	14. Other: See attached list						
X 37 C.F.R.	§ 3.73(b) Statement X Power of							
(PTO/SB/	Attorney							
	15. CORRESPONDENCE A	DDRESS						
Customer Number or Bar Code Label (Insert Customer) Oscir(Attach) bar code label/here)								
Name	Hogley W. Whiteway In	' IEY						
Name	Name Wesley W. Whitmyer, Jr.							
Address	986 Bedford Street							
City	Stamford State	CT Zip Code (	06905					
Country	United States Telephone	203-324-6155 Fax 2	203-327-1096					
NAME (PrintlType) Richard J. Basile Registration No. (Attorney/Agent) 40,501								
Signature	(203.11)	Date 1/	10/00					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.



PTO/SB/56 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 3323 – 10001 C					
Claims as Filed - Part 1												
Claims in			Number Filed in			(3)	Small E	Small Entity		Other than a Small Entity		
Patent			Reissue	Application	Num	ber Extra	Rate	Fee		Rate	Fee	
(A) 12		Total Claims (37 CFR 1.16(j))	(-/	24	****	4 =	x \$=		or	x \$ <u>18</u> =	72	
(C) 3		Independent claims (37 CFR 1.16(i))	(D)	5	*	2 =	×\$=		0,	x \$ <u>80</u> =	160	
Basic Fee (37 CFR 1.16(h)) \$_710												
Total Filing Fee \$ OR \$ 942.00												
Claims as Amended - Part 2												
	(1)			(2)	(2)		Small E	Entity		Other than a Small Entity		
		Claims Remaining After Amendment		Highest Nur Previous Paid Fo	ly	Extra Claims Present	Rate	Fee	T	Rate	Fee	
Total Cla		4	MINUS	** 24	'	* =		<del> </del>		x \$=	0	
(37 CFR 1 Independ	ent	1 1	MINUS	<del>*****</del> 5		=	x \$=		-			
Claims (37 CFF	1.16(i))	1 1	1			Total A	x\$=	<b> </b>	1	x \$=	\$ 0	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.												
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.												
*** After any cancellation of claims.												
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).												
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).												
Applicant claims small entity status. See 37 CFR 1.27.												
Please charge Deposit Account No in the amount of  A duplicate copy of this sheet is enclosed.												
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-4516  A duplicate copy of this sheet is enclosed.												
		e amount of \$ _942			to co	over the filin	g / additional	fee is end	closed			
Payment by credit card. Form PTO-2038 is attached.												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
11/10/00 Quan Barrel												
Date		-				ب	Signature of	i Applicat	at, Atto	mey or Agen	t of Record	
	Richard J. Basile											
								Typed or				

## Attachment to Reissue Patent Application Transmittal:

## Accompanying Application Parts, 14. Other:

- 1) Declaration Of European Counsel Filed With Reissue Application
- 2) Declaration Of U.S. Counsel Filed With Reissue Application
- 3) Second Supplemental Reissue Declaration Of Lars Severinsson
- 4) Supplemental Reissue Declaration Of Lars Severinsson
- 5) Letter Requesting Transfer of Drawings In Reissue Application (37 CFR 1.174)